

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31138

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** HOMESTEAD POLICE ATHLETIC LEAGUES, INC.

**Current Principal Place of Business:**

600 S.W. 14TH AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

4 SOUTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 59-6000339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASHINGTON, ANGELA CAPTAIN  
4 S.KROME AVENUE  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

GRAHAM, MALLIE CAPTAIN  
4 S.KROME AVENUE  
HOMESTEAD, FL 33030 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAPTAIN MALLIE GRAHAM

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EDWARDS, TYRONE OFFICER  
Address: 4 S. KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD  
Name: GRAHAM, MALLIE CAPTAIN  
Address: 4 S. KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD  
Name: WIGGINS, ALISHA YOUTH C  
Address: 4 S. KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: T  
Name: ROLLE, ALEXANDER E JR  
Address: 4 SOUTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TYRONE EDWARDS

PD

02/22/2011

Electronic Signature of Signing Officer or Director

Date